

Hospital Emergency Preparedness Program Workplace Violence Toolkit



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ACRONYMS

- AHA - American Hospital Association
- ASPR - Assistant Secretary for Preparedness and Response
- BH – Behavioral Health
- CDC - Center for Disease Control and Prevention
- CDPHE - Colorado Department of Public Health and Environment
- CHA - Colorado Hospital Association
- CISA – Cybersecurity and Infrastructure Security Agency
- CMS - Centers for Medicare and Medicaid Services
- CoP - Conditions of Participation
- DNV - Det Norske Veritas
- DOL – United States Department of Labor
- EOP - Emergency Operations Plan
- HCC - Health Care Coalition
- HPP - Hospital Preparedness Program
- HR - Human Resources
- HVA – Hazard Vulnerability Assessment
- IAHSS - International Association for Healthcare Security and Safety
- ICS – Incident Command System
- JIT – Just in Time Training
- MOU – Memorandum of Understanding
- NIH – National Institute of Health
- NIOSH - National Institute for Occupational Safety and Health
- OEPR - Office of Emergency Preparedness and Response
- OSHA - Occupational Safety and Health Administration
- PIO – Public Information Officer
- PPE – Personal Protective Equipment
- TJC – The Joint Commission
- TRACIE - Technical Resources, Assistance Center and Information Exchange
- WPV - Workplace Violence

PROJECT BACKGROUND

Violence against health care workers continues to rise, with assaults against those in the profession reaching an all-time high in 2021, according to the most recent [survey](#) from the IAHSS Foundation. [Studies](#) show health care workers are five times more likely to be injured than other workers. Data from an April 2020 U.S. Bureau of Labor Statistics [fact sheet](#) depicted an incidence rate of 6.4 per 10,000 full-time workers in 2011 compared to the incidence rate in 2018 of 10.4 per 10,000 full-time workers. Additional [research](#) suggests a nurse is assaulted every 30 minutes on average.

This startling trend is causing experienced staff to leave the field, and it is deterring future workers from pursuing a health care career at a time when Colorado is [projected](#) to be short 10,000 nurses and 54,000 health care ancillary staff members by 2026.

Unfortunately, the aggression that health care workers endure takes many forms and has a variety of detrimental impacts on the broader health care workforce. Verbal assault, intimidation, and harassment are so common that there is a perception that violence is “part of the job” for health care workers. The consequential ripple effect into organizations and impact on staff includes:

- Staffing shortages due to temporary or permanent absence
- Staff psychological damage
- Negative impacts on patient care
- Decreased productivity
- Increased security measures and costs
- Diversion of management resources
- Increased workers' compensation costs
- Increased personnel costs
- Increased difficulty recruiting and retaining workers
- Patient and staff perception of an unsafe care environment

CHA is dedicated to supporting hospitals and the health care sector throughout Colorado in addressing WPV due to the impact on organizations, staff, and patient care. This toolkit, in part, is a culmination and summarization of that supporting work.

CHA developed this toolkit to assist hospitals and the health care field by providing suggestions and additional resources that may enhance internal programs aimed at addressing WPV. The primary goals of this toolkit are to:

- Identify the inherent challenges in WPV programs, including data collection.
- Create resources that help empower health care facilities to address WPV using a data-driven methodology.
- Disseminate research and suggested frameworks to facilities that may help strengthen existing WPV programs, including tools designed to help facilities promote a culture shift among staff and the public.

TOOLKIT OUTLINE

To achieve these goals, CHA utilized a phased, four-step process:

1. Conduct research and survey hospitals
2. Analyze data
3. Develop resources, including a program checklist
4. Provide a webinar learning opportunity

The initial development step of the toolkit included conducting research for currently available information and resources concerning WPV within ASPR TRACIE and a basic internet search. ASPR TRACIE is an information depository created to meet the information and technical assistance needs of public health and medical staff working in disaster medicine, health care system preparedness, and public health emergency preparedness. The documents found include those related to regulatory requirements, accreditation requirements, data

framework guidance, and various templates. In a parallel timeline, a workplace violence survey was created and sent to more than 100 hospitals across the state of Colorado, concluding with a 96 percent survey completion rate. The completion rate includes all acute and critical access hospitals, seven of nine long term care and rehabilitation hospitals, five of seven behavioral health hospitals, and two of two Veterans Administration facilities.

The second step included a review of the available documents and resources and a data analysis of the CHA WPV survey. Insights from this process provided an opportunity to adjust the direction of the project to ensure data-driven suggestions and resources.

The third step focused on the use of all resources gathered for supporting WPV programs. An assessment of currently available tools, cross referenced with opportunities for support identified through the CHA WPV survey, informed the creation of the toolkit. In addition to tools like the program checklist and incident review form, this toolkit contains external resources to help facilities enhance their WPV programs when a gap has been identified.

Finally, an educational webinar highlighted the key takeaways of this work. The webinar slide decks are included in the toolkit to aid in staff education or enhance the current curriculum.

TOOLKIT COMPONENTS

CHA Workplace Safety Resolution

With incidents of violence and disrespect toward health care workers continuing to rise, Colorado hospitals have come together in their response to continue to foster safe, respectful workplaces for staff and healing environments for patients.

The Colorado Hospital Association Board of Trustees approved a united set of common principles that are being adopted as part of our effort to bring attention to this important issue affecting Colorado hospitals, as follows:

WHEREAS, Colorado hospitals and health systems are committed to caring for all patients with compassion, in all areas of the hospital;

WHEREAS, patients deserve a safe place in which to receive care;

WHEREAS, health care workers deserve a safe place in which to deliver care;

WHEREAS, Colorado health care providers have been subject to increased acts of violence and assault;

WHEREAS, patients deserve a safe place in which to receive care;

Be it therefore resolved that the Colorado Hospital Association Board of Trustees recommends the following to its member hospitals and health systems:

- I. Hospitals commit to uphold a Code of Conduct to maintain a safe, inclusive, equitable, and respectful environment for patients, staff, and visitors.
- II. Hospitals commit to the creation of policies and practices that promote the protection of staff, patients, and visitors.

- III. Hospitals educate patients and staff that offensive, abusive, or discriminatory language or behavior undermines the safety of patients and staff and will not be tolerated.
- IV. Hospitals help educate their communities that violence against health care workers is harmful to the caregivers, volunteers and other patients.
- V. Hospitals and caregivers are encouraged to report violence to appropriate authorities.

Workplace Violence Definitions

The definitions of WPV not only vary across professional sectors but also within those which focus on health care. Due to the wide range of definitions available for a WPV program, CHA has included variations from trusted entities to assist hospital and health care facilities with finding the best fit for their program, system, and profession. For the purpose of this toolkit, the OSHA definition will be used.

- OSHA defines WPV as any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site. It ranges from threats and verbal abuse to physical assaults and even homicide. It can affect and involve employees, clients, customers, and visitors.
- NIH refers to WPV as acts or threats of violence directed against employees, either inside or outside the workplace, from verbal abuse, bullying, harassment, and physical assaults to homicide.
- CDC and NIOSH define WPV as violent acts, including physical assaults and psychologically damaging actions, directed toward persons at work or on duty.
 - Violence includes threats (expressions of intent to cause harm, including verbal threats, threatening body language, incivility, bullying, and written threats), physical assaults (attacks ranging from slapping and beating to rape, homicide, and the use of weapons such as firearms, bombs, or knives), and muggings (aggravated assaults, usually conducted by surprise and with intent to rob).
 - Categories of WPV include:
 - **CATEGORY 1: CRIMINAL INTENT.** Occurs when the perpetrator has no legitimate relationship to the facility or its employees and is often committing a crime in conjunction with violence, such as robbery, shoplifting, or trespassing.
 - **CATEGORY 2: CLIENT-ON-WORKER.** This is the most common type of workplace violence in health care settings, and takes place most often in emergency departments, psychiatric settings, geriatric settings, and waiting rooms.
 - **CATEGORY 3: WORKER-ON-WORKER.** This type of workplace violence includes bullying and harassment but can range to homicide. Worker-on-worker violence is usually directed toward a person in a subordinate position, although peer-to-peer violence is also common.
 - **CATEGORY 4: PERSONAL RELATIONSHIP.** This type of workplace violence involves perpetrators who have personal relationships with the intended target but no direct relationship to the health care facility or hospital.
- DOL states that WPV is an action (verbal, written, or physical aggression) which is intended to control or cause, or can cause, death or serious bodily injury to oneself or others, or damage to property. Workplace violence includes abusive behavior toward authority, intimidating or harassing behavior, and threats.
- TJC defines WPV as an act or threat occurring at the workplace that can include any of the following: verbal, nonverbal, written, or physical aggression; threatening, intimidating, harassing, or humiliating words or actions; bullying; sabotage; sexual harassment; physical assaults; or other behaviors of concern involving staff, licensed practitioners, patients, or visitors.

Legislation/Regulation

This component provides insight into legislative and regulatory requirements associated with workplace violence activities that Colorado hospitals are required to complete or must include to protect both patients and staff. The section is divided into federal, state, and accreditation.

Federal

CMS Appendix Z – Emergency Preparedness – rules are built from the following code of federal regulations and reinforced by a CMS standards and quality memo sent to state survey agencies. Medical facilities must also follow OSHA standards and best practices as outlined in Guidelines for Preventing Workplace Violence.

- Code of Federal Regulations Part 482 – Conditions of Participation for Hospitals:
 - [42 CFR 482.15](#) (a) – EOP built from risk assessment using an all-hazards assessment approach
 - 42 CFR 482.15 (d) – Training and testing of EOP
 - [42 CFR 482.13](#) (c) (2) – Patient right to a safe setting
 - 42 CFR 482.13 (e) – Patient rights for use of restraint or seclusion
 - 42 CFR 482.13 (f) – Staff training on restraint
- CMS Center for Clinical Standards and Quality WPV Memo – [QSO-23-04-Hospitals](#):
 - Hospitals have a regulatory obligation to care for patients in a safe setting under Hospital CoP referenced above.
 - Hospitals should identify patients at risk of intentional harm to self or others, identify environmental risks, and provide education and training for staff and volunteers.
 - Hospitals are expected to demonstrate how patient identification occurs.
 - Hospitals should take steps to minimize risks using nationally recognized standards or guidelines.
 - Hospital EOP is based on an all-hazards assessment and approach, including strategies for addressing emergency events identified in assessment.
 - Hospitals will provide an appropriate level of education and training to staff regarding:
 - Identification of patients at risk of harm
 - Identification of environmental safety risk factors
 - Mitigation strategies
 - Staff includes direct employees, volunteers, contractors, per diem staff, and any individual providing clinical care under arrangement.
 - Hospital Emergency Preparedness CoP include requirements for:
 - Policies and procedures protecting both workforce and patients
 - Staff training on such policies and procedures
 - Training to be provided for all new staff and all existing staff at policy/plan/procedure change
 - Frequency of training (recommended every two years)
- OSHA:
 - General Duty Clause of the Occupational Safety and Health Act of 1970
 - [Section 5 \(a\) \(1\)](#) – Provide a place free from recognized hazards
 - [Standard 1926.21 \(a\)](#) – Education and training in recognition, avoidance, and prevention of unsafe conditions
 - [29 CFR 1904.39](#) – Reporting
 - Facilities must report a work-related fatality within eight hours of death.

- A death is a work-related incident if it occurs within 30 days following a work-related event.
- Facilities must report within 24 hours any work-related incident that results in employee(s) hospitalization, amputations, or loss of any eye.
- [Guidelines](#) for Preventing Workplace Violence

State

6 CCR 1011-1 Chapter 4, Standards for Hospitals and Health Facilities

- Part 5 – Hospital Operations:
 - 5.3(D) – The hospital shall implement written policies and procedures to keep the entire hospital in good repair and to provide for the safety, welfare, and comfort of the occupants of the building(s).
- Part 6 – Governance and Leadership:
 - 6.1(B)(3)(a) - Provide services and hospital departments necessary for the welfare and safety of patients.
 - 6.1(B)(3)(b) - Ensure that the patients receive care in a safe setting, including providing the equipment, supplies, and facilities necessary for the welfare and safety of patients.
- Part 7 – Emergency Preparedness:
 - 7.1(A) - Each hospital shall develop and implement a comprehensive emergency management plan that meets the requirements of this part, utilizing an all-hazards approach.
 - 7.1(B)(3)(a) – The plan shall include a staff education and training component.
- Part 29 – Psychiatric Services:
 - 29.9 Patient assessments
 - (A) Within (4) hours of admission, an initial assessment for immediate safety needs shall be conducted by qualified personnel.
 - 29.11 - The hospital shall develop and implement policies and procedures, based on nationally recognized guidelines and standards of practice that address, at a minimum, the following:
 - (C) - Safety and security precautions for the prevention of suicide, assault, elopement, and patient injury at all hours.

Accreditation

TJC

- EP 1, EP 6 – Hospital establishes process for continual monitoring, reporting, and investigation of safety and security incidents, including those related to WPV.
- EP 9 – WPV program is led by designated individual, developed by multidisciplinary team, and includes:
 - Policies and procedures to prevent and respond to WPV
 - Process to report incidents in order to analyze trends
 - Process for follow up and support to victims and witnesses
 - Reporting of WPV incidents to governing body
- EP 17 – Hospital conducts annual worksite analysis related to its WPV prevention program and includes the following components:
 - Proactive analysis of worksite

- Investigation of WPV incidents
- Components that reflect best practices and conform to laws and regulations:
 - Policies and procedures
 - Training
 - Education
 - Environmental design
- Actions to mitigate risks based on analysis findings
- EP 29 – Hospital provides WPV training, education, and resources:
 - At time of hire
 - Annually
 - Whenever changes occur in the WPV program
 - Addressing prevention, recognition, response, and reporting with:
 - Education on what constitutes WPV
 - Roles and responsibilities of leadership, clinical staff, security personnel, and external law enforcement
 - Training in de-escalation, nonphysical intervention skills, physical intervention techniques, and response to incidents
 - Reporting processes

DNV

- PE.3 SAFETY MANAGEMENT SYSTEM
 - SR.4 The Safety Management System shall require that the organization maintain an environment free of hazards and manages staff activities to reduce the risk of occupational related illnesses or injuries.
 - Interpretive guidelines:
 - It is expected that organizations, regardless of ownership, including government owned facilities, provide a safe workplace and have processes to prevent occupational illnesses and injuries by meeting, at a minimum, OSHA requirements or their equivalent.
- PE. 4 SECURITY MANAGEMENT SYSTEM
 - SR.4 The Security Management System shall, at a minimum:
 - SR.4a Provide for identification of patients, employees, and others
 - SR.4b Address issues related to abduction, elopement, visitors, workplace violence, cybersecurity, and investigation of property losses
 - SR.4c Develop and implement a written, comprehensive workplace violence control and prevention program based on the current edition of [OSHA Publication 3148 Guidelines for Preventing Workplace Violence for Healthcare and Social Workers](#)
 - Interpretive guidelines:
 - Workplace Violence Control and Prevention Program
 - The organization’s workplace violence control and prevention program shall include, at a minimum, the elements contained in [OSHA Publication 3148 Guidelines for Preventing Workplace Violence for Healthcare and Social Workers](#), in addition to any state-required elements.

Communications Resources

CHA has developed a multitude of communication resources intended to help a hospital communicate to various audiences about workplace violence prevention and reporting. The objectives of this effort are to:

- Decrease incidents of workplace violence through improvement of external communications regarding policies and expectations of patients and visitors
- Encourage more accurate reporting of workplace violence through system enhancements and changes in attitudes/culture
- Make it clear to policymakers and other interested parties that hospitals are taking active steps to prevent workplace violence and need more support

Resources include:

- #CultureofCARE [Campaign](#)
- #CultureofCARE [Graphics](#)
- WPV Communications [Toolkit](#)
- Addressing Violence in Colorado Hospitals [Report](#)
- Public Service Announcement [#1](#)
- Public Service Announcement [#2](#)



Staff Training Slide Decks/Recordings

- Facility Safety and Security in Health Care
 - This webinar [recording](#) was sponsored by the AHA Hospitals Against Violence initiative and includes a panel discussion on strategies for facility safety and security as well as details about technological advances that assist with mitigating workforce and workplace violence.
- Workplace Violence in Health Care Series – Mike Dunning Webinars
 - “Escalation Awareness” discusses the root causes of violence and simple steps for prevention. Recording [link](#).
 - “Reducing Point of Care Violence” speaks to surrounding awareness, violence detection, response teams, and post-response evaluation. Recording [link](#).
 - “Self Defense and Other Myths” provides additional information that dispels current workplace violence myths and provides appropriate methods of self-defense that can be used in a health care setting. Recording [link](#).
- Cybersecurity and Infrastructure Security Agency
 - Violence Prevention through De-escalation Video [link](#)
- CHA 2024 Workplace Violence Virtual Summit [link](#)
 - Agenda topics include:
 - CHA Call to Action and Resources
 - Building a Safe Workplace: Mitigating Workplace Violence
 - St. Mary’s K9 Security Program
 - Workplace Violence Panel Discussion
 - IAHSS Framework for Hospitals
 - Trauma Informed Leadership
 - Denver Health DART Program
 - Broset Violence Checklist
 - Workplace Violence Prevention Program

Additional Resources

1. CMS, Hospital Quality Improvement Contractors
 - a. Workplace Violence Policy/Plan Development – [Q&A Panel Event](#)
2. Denver Medical Study Group
 - a. Healthcare [Podcast](#) – What Can We Do as a Society to Minimize Violent Behavior in Healthcare?
3. U.S. Bureau of Labor Statistics
 - a. [Workplace Violence Program](#)
4. National Institute of Health workplace violence [definition](#)
5. AHA and IAHSS
 - a. Creating Safer Workplaces: [creating-safer-workplaces-guide-to-mitigating-violence-in-health-care-settings-f.pdf \(aha.org\)](#)
6. Trinity Health
 - a. Commitment to Safety: [trinityhealthcommitmenttosafetyconfrontviolenceimprovehealthjune2022.pdf](#)
7. Sample policy/plan
 - a. [workplaceviolence2.pdf](#)
8. Mass General Brigham
 - a. [Patient Code of Conduct](#)
9. CDC NIOSH Violence Risk Assessment Tools
 - a. [Triage Tool](#)

- b. [Indicator for Violent Behavior](#)
- c. [Danger Assessment Tool](#)
- 10. WPV Risk Assessment Toolkit: [Health Care Facility Workplace Violence Risk Assessment Toolkit | ASHRM](#)
- 11. ENA WPV prevention: [ENA | Workplace Violence Prevention](#)
- 12. Cybersecurity and Infrastructure Security Agency
 - a. Preventing Workplace Violence: Security Awareness Considerations [Infographic](#)
- 13. I Love U Guys Foundation
 - a. Standard Response Protocol [website](#)

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Disclaimer

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Appendix A: Workplace Violence Policy/Plan

This appendix is intended to assist health care facilities with the creation, updating, or maintaining of a facility workplace violence policy/plan. Components of this sample were taken and synthesized from multiple documents included within the reference section. The main framework was modeled from the Texas Hospital Association workplace violence toolkit.

VIOLENCE IN THE WORKPLACE

Objective

The purpose of this policy/plan is to provide [medical facility] personnel guidance that will maintain an environment within and on the [medical facility] property, including offsite events, that is free of violence and the threat of violence.

It is [medical facility]'s policy/plan to prohibit and prevent workplace violence by any person on the [medical facility] campus or other [medical facility] owned or operated locations and at any [medical facility] sponsored events to protect health care providers, personnel, patients, and visitors from violent behavior occurring. [Medical facility] will not tolerate workplace violence and maintains a zero-tolerance standard of violence in the workplace. Any person found in violation of this policy/plan may be removed from the hospital premises and, if applicable, may be subject to termination or other disciplinary action, arrest and/or criminal prosecution. [Medical facility] will investigate all complaints filed and any possible violation of this policy/plan. Retaliation against a person who makes a complaint regarding violent behavior or threats of violence is also prohibited.

Applicability

All personnel, providers, visitors, vendors, and subcontractors

Governing Body

The [governing body] shall adopt this workplace violence prevention policy/plan and shall comply with all laws, rules, and regulations related to workplace violence. The main goal of such a policy/plan is to effectively prevent workplace violence.

The [governing body] designates [name of committee] as the committee that shall prepare, develop, and finalize the workplace violence prevention plan to present to the [governing body]. The [governing body] shall also designate a staff member to lead [name of committee]. Such a committee shall ensure that its membership includes staff that represent not only select departments but various vertical levels of the command structure, while also complying with any membership requirements outlined by law or rules.

All personnel and providers are encouraged to contact any member of the [name of committee] to provide input and feedback on workplace violence. All information provided shall be confidential, and no committee member or assigned committee staff shall disclose such confidential information to anyone outside of the committee. Disclosure of confidential information may lead to disciplinary action, up to and including termination.

The [governing body] shall give significant consideration to the workplace violence prevention policy/plan recommended by the [name of committee]. Any deviations from the committee's recommended policy/plan must be documented in the minutes of the [governing body] and shall include justifications for the deviation. The [name of committee] shall evaluate the adopted workplace violence prevention policy/plan no less than

annually. The approved policy/plan shall be incorporated into the [medical facility] Human Resources list of policies and/or the emergency operations plan as an annex or standalone plan.

Definition

Example 1:

[Medical facility] shall not tolerate workplace violence of any kind including, without limitation, a) any act or threat of physical force against a health care provider, personnel, or patient that results in, or is likely to result in, physical injury or psychological trauma, b) any harassment, intimidation or other threatening disruptive behavior, and c) any incident involving the use of a firearm or other dangerous weapon, regardless of whether a health care provider, employee, or patient is injured by the weapon.

Example 2:

[Medical facility] prohibits the following conduct by any person on [medical facility] premises that includes, without limitation:

1. Possession of any weapon, explosive, or firearm on [medical facility] premises unless otherwise allowed by law.
2. Physically harming a person.
3. Engaging in behavior that creates a reasonable fear of injury in another person.
4. Engaging in behavior that subjects another person to extreme emotional distress.
5. Shouting, shoving, pushing, harassment, intimidation, or coercion.
6. Intentionally damaging property or sabotage.
7. Committing injurious acts motivated by or related to domestic violence or sexual harassment.

Example #3:

Intimidation: Making others afraid or fearful through threatening behavior.

Threat: The implication or expression of intent to inflict physical harm or actions that a reasonable person would interpret as a threat to physical safety or property.

Violence: Includes threats (expressions of intent to cause harm, including verbal threats, threatening body language, and written threats), physical assaults (attacks ranging from slapping and beating to rape, homicide, and the use of weapons such as firearms, bombs, or knives), and aggravated assaults (usually conducted by surprise and with intent to rob).

Workplace Violence: Any act or threat of physical violence, harassment, intimidation, threatening disruptive behavior, or aggravated assault that occurs at the work site.

Zero-tolerance: A standard that establishes that any behavior, implied or actual, that violates the policy/plan will not be tolerated and will be dealt with accordingly.

Example #4

Violence in the workplace may include, but is not limited to, the following list of prohibited behaviors directed at or by a co-worker, supervisor, or member of the public:

1. Direct threats or physical intimidation.
2. Implications or suggestions of violence, including “veiled threats.”
3. Stalking.
4. Possession of weapons of any kind on [medical facility] property, including parking lots, other exterior premises, or while engaged in activities for [medical facility] in other locations or at [medical facility] sponsored events, unless such possession or use is a requirement of the job.
5. Assault of any form.
6. Physical restraint, confinement.

7. Dangerous or threatening horseplay.
8. Loud, disruptive, or angry behavior or language that is clearly not part of the typical work environment.
9. Blatant or intentional disregard for the safety or well-being of others.
10. Commission of a violent felony or misdemeanor on [medical facility] property.
11. Any other act that a reasonable person would perceive as constituting a threat of violence.

Reporting

The [medical facility] workplace violence policy/plan shall institute a reporting system that allows for the reporting, including confidential reporting, of workplace violence incidents. Data collected regarding workplace violence shall be collected, aggregated, and provided to [name of committee] no less than annually to assist [name of committee] with completing its evaluation of the workplace violence prevention policy/plan. Any person shall be allowed to make a report to law enforcement regarding a workplace violence incident and such person(s) shall not be impeded or coerced from making such a report. Any impeding or coercion of this kind by personnel or health care providers will not be tolerated and such persons may be subject to termination or other disciplinary action.

Reporting is characterized by a person who:

1. Is the victim of violence;
2. Believes they have been threatened with violence; or
3. Witnesses an act or threat of violence toward anyone else.

* If an emergency exists and the situation is one of immediate danger, the employee shall contact local police by dialing 911 and may take whatever emergency steps are available and appropriate to protect themselves from immediate harm using the run-hide-fight action steps.

* If the situation is not one of immediate danger, the employee shall report the incident to the appropriate supervisor or manager as soon as possible and complete the [medical facility] Workplace Violence Incident Report Form.

* Personnel have the right to file a complaint with the police department on their own.

Personnel who have reason to believe they, or others, may be victimized by a violent act sometime in the future, at the workplace or as a direct result of their employment with [medical facility], shall inform their supervisor by completing a Workplace Violence Incident Report Form so appropriate action may be taken. The supervisor shall inform their department director or designee, the director of Human Resources, and local law enforcement. Personnel who have signed and filed a restraining order, temporary or permanent, against an individual due to a potential act of violence, who would be in violation of the order by coming near them at work, shall immediately supply a copy of the signed order to their supervisor. The supervisor shall provide copies to the department director, the director of Human Resources, and local police.

Data Collection

A standardized method of data collection, including data elements that model health care industry guidelines, shall be conducted after a reported workplace violence incident. Data collected will be used for investigation purposes and for policy/plan improvement purposes.

Data elements collected will include, at the least:

- a. Violence Category

- i. E.g., abduction, simple assault, murder, disorderly conduct, hostage situation, robbery, sexual assault, self-harm, threat, suspicious death, violence other (domestic, elder abuse, child)
- b. Incident Location and Time
- c. Workplace Violence Typology
 - i. The perpetrator has no association with the workplace or employees.
 - ii. The perpetrator is a patient or visitor.
 - iii. The perpetrator is a current or former employee.
 - iv. The perpetrator has a personal relationship with employee(s).
 - v. Violence directed toward the medical facility, or its employee(s) due to ideological, religious, or political reasons.
- d. Injury Severity Levels
 - i. None.
 - ii. Minor – Injuries require basic medical aid without hospitalization.
 - iii. Moderate – Injuries require a greater degree of medical care, including hospitalization, but are not expected to progress to life threatening.
 - iv. Severe – Injuries pose an immediate threat to life.
 - v. Death – Instantaneously killed or mortally wounded.

A summarization of data collected throughout the year shall be documented and provided to the [name of committee] and the [governing body]. A summary document shall include a trending analysis that identifies the number of incidents, where incidents occur, when incidents occur, and who is involved. The summary shall also include a mitigation or improvement process.

Investigation

Acts of violence or threats will be investigated immediately to protect employees from danger, unnecessary anxiety concerning their welfare, patient safety, and the loss of productivity. The employee's supervisor, or appropriate staff, will initiate an investigation into potential violation of work rules/policies. Simultaneously, the director of Human Resources, or appropriate staff, will refer the matter to the local police for their review of potential violation of civil and/or criminal law. In appropriate circumstances, [medical facility] will inform the reporting individual of the results of the investigation. To the extent possible, [medical facility] will maintain the confidentiality of the reporting employee and the investigation but may need to disclose results in appropriate circumstances (e.g., to protect individual safety). [Medical facility] will not tolerate retaliation against any employee who reports workplace violence.

Retaliation

Retaliation against any person reporting workplace violence incidents or providing information to the [name of committee] is strictly prohibited. Any employee who believes they have been subject to retaliation may contact their direct supervisor or Human Resources and follow the process outlined in the Anti-Retaliation Policy [reference policy name] or workplace violence policy/plan. [Medical facility] shall follow the [policy name] process and procedure for investigating and responding to retaliation allegations.

Mitigating Measures

Incidents which threaten the security of employees shall be mitigated as soon as possible following discovery. Mitigating actions include:

- Notification of law enforcement authorities when a potential criminal act has occurred.
- Provision of emergency medical care in the event of any violent act upon an employee.
- Post-event trauma counseling for those employees desiring such assistance.
- Assurance that incidents are handled in accordance with the workplace violence prevention policy/plan.

- Requesting [medical facility]’s attorney file a restraining order as appropriate.
- [Medical facility] policy/plan and/or procedure changes.
- Correcting any environmental hazards, such as hallway lighting or patient room set up, that are discovered during investigation.
- Routine risk assessments conducted on the [medical facility] campus.

Training and Education

[Medical facility] Human Resources, or appropriate staff, shall be responsible for ensuring that all personnel, including managers and supervisors, are provided with training and instruction on general workplace security practices and procedures. Department directors, or appropriate staff, shall be responsible for ensuring that all employees, including managers and supervisors, are provided with training and instructions on job-specific workplace security practices and procedures.

Training and instruction shall be provided as follows:

- To all current employees when the policy/plan is first implemented.
- To all newly hired employees.
- To all employees given new job assignments for which specific workplace security training for that job assignment has not previously been provided or may have job-specific nuances (e.g., emergency department vs. administration offices).
- To affected employees whenever management is made aware of a new or previously unrecognized hazard.
- Upon training refresher timelines as required by rule and/or regulations.
- Upon substantial changes to the policy/plan for personnel deemed high-risk by the facility.

Workplace security training and instruction includes, but is not limited to, the following:

- Explanation of this workplace violence prevention policy/plan.
- Reporting procedures and steps.
- Methods to diffuse or de-escalate hostile or threatening situations.
- Preventive measures to reduce the threat of workplace violence, including procedures for reporting workplace security hazards.
- The run-hide-fight, or similar, tactic for the purpose of empowering personnel with actions to keep themselves and others safe during a workplace violence encounter.

Dangerous/Emergency Situations

The run-hide-fight mantra should be followed with the understanding that all actions and decisions are made by personnel during such situations. Personnel who encounter an armed or dangerous person should not attempt to challenge or disarm the individual unless necessary. Personnel should remain calm, make constant eye contact, and talk to the individual if confronted. If a fellow staff member or supervisor can be safely notified of the need for assistance without endangering the safety of the employee or others, such notice should be given.

Date adopted: _____

[Name of Committee] Chair: _____

[Medical Facility] Board Chair: _____

Appendix B: Program Checklist

Purpose: The purpose of the WPV Program Checklist is intended to provide the health care community assistance in either creating, updating, or maintaining WPV programs. Since hospitals and health care facilities throughout Colorado range in capabilities, capacities, and resources, this checklist is designed to be flexible so that facilities can incorporate specific elements that best fit the organization.

Information has been gathered from numerous WPV documents and websites to create an outline of suggested approaches. Multiple documents were incorporated from legislation, accreditation institutes, and federal information depositories. Information was also included from hospital associations across the nation, including the AHA. The reviewed information was then incorporated into an all-encompassing checklist that can be used to mitigate, prepare for, respond to, and recover from incidents of WPV.

Using this checklist: The individual(s) responsible for WPV planning and preparedness should review any current WPV policies, procedures, or plans to identify inclusion or exclusion of the following topics or activities. If the facility's WPV program does include these topics and activities, the checklist can be used for suggested updates and/or as a cross-reference document for the program. If the facility's WPV program does not include these topics or activities, this checklist can be used as an outline for incorporating such topics or activities.

The checklist is divided into seven sections, with each section representing a specific component of a robust WPV program. In each section, there are columns describing the activity. A "location" column is included to allow planners to make note of where each checklist item is addressed within the program documents (e.g., operations plan, reporting procedure, personnel/staff training policies) which will assist with compliance survey efforts. A scoring system is used to evaluate each section and assist in highlighting potential gaps. Interpretation of these scores is not definitive or prescriptive but is meant to help facilities easily evaluate and understand both their strengths and opportunities for improvement related to WPV.

This checklist is intended to be used in conjunction with other guidelines from the federal and state level. WPV program planners should also consider collaborating with other medical facilities or response partners to incorporate all necessary viewpoints, feedback, and potential best practices.

Regulatory Requirements and Standards

While some states have enacted legislation to safeguard health care workers from violence, the only current federal regulation is the [General Duty Clause of the Occupational Safety and Health Act of 1970](#). This clause mandates employers to maintain a work environment “free from recognized hazards that are causing or likely to cause death or serious physical harm.” However, the general duty clause lacks specific directives on managing WPV. Despite this, regulatory standards that promote WPV prevention are typically mandated by federal or state agencies. The below requirements and standards, considered either mandatory or best practices, outline key requirements that hospitals should aim to meet or surpass.

Program Elements	Not Started (0)	In-progress (1)	Complete (2)	Location
Hospital Emergency Operations Plan (EOP) is based on all hazard assessments and strategies for addressing emergency events identified in the assessment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hospital EOP includes: <ul style="list-style-type: none"> • Policies and procedures protecting both workforce and patient safety, welfare, and comfort of the occupants of the building(s). 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Identification of patients at risk of intentional harm to self or others. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Within four hours of admission, an initial assessment for immediate safety needs shall be conducted by qualified personnel. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Safety and security precautions for the prevention of suicide, assault, elopement, and patient injury at all hours. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Identification of environmental safety risk factors. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Mitigation strategies, including additional services and/or departments for the safety and welfare of workforce and patients. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Train staff in such policies and procedures. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<ul style="list-style-type: none"> • Training occurs for all new staff and at policy/procedure change. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Training conducted annually. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Training addresses definition of workplace violence, response, and reporting process. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Training addresses recognition, avoidance, de-escalation, and possible interventions. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Training addresses roles and responsibilities of leadership, staff, security, and law enforcement. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Facility WPV prevention program led by a designated individual and contains a multidisciplinary team. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Reviews and edits made to policies and procedures related to WPV. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Follows a process to review and analyze incident reports annually for trends. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Has a process for follow-up and support to victims and witnesses affected by WPV. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Provides summary report of WPV incidents to the facility governing body, including mitigation activities. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • The facility establishes processes for continual monitoring, internal reporting, and investigation. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reporting/investigation will cover:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • time/location 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • persons involved 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • injuries to staff or patients 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • behavioral control methods used 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

• damage to property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• follow-up or mitigation steps concerning the event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Facilities must report a work-related fatality within eight hours of death.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Facilities must report within 24 hours any work-related incident that results in employee(s) hospitalization, amputations, or loss of an eye.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Facility will collaborate with community partners, hospital-based programs, and others to prevent ongoing or future violent incidents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sum (add the total for each column)				

Now that you have completed this section, combine the sum of each column to get your Regulatory Requirements and Standards total score. Your total score can be listed below and/or added to [Table 1](#).

Regulatory Requirements and Standards Total Score: _____/56

Recommendations and Additional Resources

Below are additional resources to assist with improving or updating the assessed elements and identified gaps from Section 1 – Regulatory Requirements and Standards.

- [CMS Conditions of Participation \(CoP\) for Hospitals](#)
- [CMS Policy Memo: QSO-23-04-Hospitals](#)
- [TJC Workplace Violence Prevention Standards](#)
- [International Association for Healthcare Security and Safety \(IAHSS\) Framework](#)
- [OSHA Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers](#)

Culture

Effective January 2022, the Joint Commission released [new and revised standards](#) for the prevention of WPV in hospitals, part of which requires leaders to create and maintain a [culture of safety](#) and quality throughout the hospital.¹ Culture plays a crucial role in shaping organizational dynamics and employee behavior, making it a fundamental factor in WPV prevention. Organizational culture encompasses the values, beliefs, norms, and practices that guide interactions and decision-making within a workplace. Understanding and nurturing a positive organizational culture is therefore essential for creating a safe and healthy work environment where employees feel valued, respected, and protected from violence.

Program Elements	Not Started (0)	In-progress (1)	Complete (2)	Location
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You have enlisted or the support of senior leadership to develop or enhance the facility's WPV prevention program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Administrators make visible efforts that support a safe work environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Employees are well-informed about methods for reporting WPV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wording exists creating a blame-free environment where employees can easily access WPV reporting mechanisms without fear of retaliation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Policies are in place to guide and support decisions on WPV that staff experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clinical staff understand their role regarding violence risk screening, assessment, and intervention to prevent and mitigate acts of violence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Process to ensure staff can be heard if they do not feel safe walking to and from the workplace.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The facility has a clear definition of WPV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Encouragement of collaboration across ranks and disciplines to seek solutions to patient safety problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Employees are involved in the planning and implementation of efforts to address employee concerns related to WPV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clinical staff are given a degree of autonomy and authority to make decisions to address or prevent WPV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sum (add the total for each column)				

Now that you have completed this section, combine the sum of each column to get your Culture total score. Your total score can be listed below and/or added to [Table 1](#).

Culture Total Score: _____/22

Recommendations and Additional Resources

Below are additional resources to assist with improving or updating the assessed elements and identified gaps from Section 2 – Culture.

- [Patient Safety Network – Culture of Safety](#)
- [Creating Safer Workplaces A guide to mitigating violence in health care settings](#)
- [AHA Strengthening the Healthcare Workforce: Chapter 8 Creative Staffing Models](#)

Prevention and Safety

WPV prevention and environmental safety are paramount in health care settings, given the unique challenges and risks faced by health care workers. A safe and secure workplace not only protects employees from physical harm but also fosters a sense of well-being and security, which can help prevent conflicts from escalating into violence. Factors such as adequate lighting, secure entry and exit points, and clear visibility can enhance physical safety and deter potential perpetrators. Additionally, organizational policies and practices, such as zero-tolerance policies for violence, effective communication channels, and conflict resolution mechanisms, contribute to creating a safe and supportive work environment.

Communication Program Elements	Not Started (0)	In-progress (1)	Complete (2)	Location
Employees are informed and can easily identify who is responsible for security.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nametags or ID cards are required for employees and volunteers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Employees can flag or document high-risk patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staff are provided with personal alarm devices or portable panic buttons.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staff are notified of past violent acts by particular patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Patient guidelines on zero-tolerance policies are available to staff, patients, and visitors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Worker’s rights posted publicly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Patient’s rights posted publicly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Policy/Procedure Program Elements	Not Started (0)	In-progress (1)	Complete (2)	Location
Multidisciplinary WPV committee in place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The organization uses standard, reliable violence risk screening tools (i.e., BROSET tool or other standardized tool) to screen all inpatients for violence risk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Security escorts are available to employees walking to and from the parking lot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Staff perform security screens wherever patients enter the facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staff perform security screens wherever visitors enter the facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Policies are in place that guide and support employee's decisions when patients pose a threat to employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Policies are in place that guide and support employee's decisions when visitors pose a threat to employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Environmental Program Elements	Not Started (0)	In-progress (1)	Complete (2)	Location
Areas used for patient or client interviews allow co-workers to observe any problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Waiting areas and work areas are free of objects that could be used as weapons.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Furniture in waiting and work areas is arranged to prevent the entrapment of staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reception and work areas are designed to prevent unauthorized entry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
There is video surveillance outside the building.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lighting is bright and effective in outside areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exit doors can only be opened from the inside to prevent unauthorized entry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sum (add the total for each column)				

Now that you have completed this section, combine the sum of each column to get your Prevention and Safety total score. Your total score can be listed below and/or added to [Table 1](#).

Prevention and Safety Total Score: _____/44

Recommendations and Additional Resources

Below are additional resources to assist with improving or updating the assessed elements and identified gaps from Section 3 – Prevention and Safety.

- [OSHA Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers](#)
- [DOL WPV Program – Department of Labor](#)
- [OSHA Hierarchy of Controls](#)
- [Intermountain Health St. Mary’s Regional Hospital K9 Unit Presentation](#)

Training and Education

Training and education are critical components of WPV prevention, given health care employees often deal with high-stress situations and interact with patients and families who may be in distress, increasing the potential for violence. Comprehensive training programs can help health care workers recognize early signs of aggression, effectively manage challenging behaviors, and implement de-escalation techniques to prevent violent incidents. Education initiatives can also ensure that health care workers are aware of organizational policies and procedures for reporting and responding to WPV.

Program Elements	Not Started (0)	In-progress (1)	Complete (2)	Location
De-escalation training is offered to all staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
There are clear roles and responsibilities for each staff that responds to or is involved in a WPV incident.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staff are trained on how and when to use standardized risk assessment tools to prevent WPV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All staff are trained on and work under a similar lens when evaluating WPV prevention and hostile individuals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staff are trained in the emergency response plan (for example, escape routes, notifying the proper authorities, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staff are trained on how and when to report violent incidents or threats.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A process for evaluation of training programs is in place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Policies and procedures are in place that align with WPV training(s) and support staff's actions and decisions in the event of a WPV incident.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Provide training to staff on recognizing early signs of aggression, de-escalation techniques, and how to respond to violent incidents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staff are trained on procedural communications and communication pathways for WPV incidents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Training topics cover management of assaultive behavior, professional/police assault-response training, response to alarm systems, and personal safety training on how to prevent and avoid assaults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staff are trained on ways to deal with hostile people other than patients, such as relatives and visitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Expectations and supporting education have been incorporated into new employee orientation for clinical and non-clinical staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Use of a standard nonviolent physical intervention/de-escalation curriculum for all security staff or security teams that emphasize components to improve patient and visitor interactions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Training and education are available on progressive behavior management methods and when and how to apply restraints properly and safely when necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sum (add the total for each column)				

Now that you have completed this section, combine the sum of each column from each table to get your Training and Education total score. Your total score can be listed below and/or added to [Table 1](#).

Training and Education Total Score: _____/30

Recommendations and Additional Resources

Below are additional resources to assist with improving or updating the assessed elements and identified gaps from Section 4 – Training and Education.

- [TJC Employee Education in Health Care Workplace Violence Prevention Fact Sheet](#)
- [The Massachusetts Health and Hospital Association’s guidance on Developing Healthcare Safety and Violence Prevention Programs within Hospitals](#)

Security Infrastructure

Security plays a pivotal role in ensuring the safety of both patients and health care workers. Security measures, such as access control, surveillance, and trained security personnel, are essential for deterring and responding to incidents of violence. These measures not only help protect health care workers from harm but also contribute to maintaining a safe and secure environment for delivering quality patient care.

Program Elements	Not Started (0)	In-progress (1)	Complete (2)	Location
Security personnel or staff have sufficient authority to take necessary actions to preserve staff safety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Security Control Plan in place for all WPV incidents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
There are personnel and devices available to lock and secure weapons brought in by visitors or patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
There are clear policies for addressing patients and visitors with firearms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Public access to the building is controlled and monitored.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Security measures are taken to protect people who work late at night (escorts, locked entrances, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The parking lot is attended to or otherwise secured.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Security staff stationed at all entrances.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staff perform rounds inside the facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Security staff perform rounds outside the facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
There are trained security personnel or safety teams accessible to staff when requested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
There is an established liaison with law enforcement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A process is in place to coordinate risk assessments with security, environmental safety, and other departments as necessary and applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sum (add the total for each column)				

Now that you have completed this section, combine the sum of each column from each table to get your Security Infrastructure total score. Your total score can be listed below and/or added to [Table 1](#).

Security Infrastructure Total Score: _____/26

Recommendations and Additional Resources

Below are additional resources to assist with improving or updating the assessed elements and identified gaps from Section 5 – Security Infrastructure.

- [Sample Workplace Security Checklist](#) – NY State Department of Labor
- [WPV Gap Analysis](#) - Minnesota Hospital Association
- [King’s Daughters’ Hospital Active Shooter Protocol](#)
- [Grady Health System, Atlanta, Ga. building a workplace violence program](#)

Data Collection and Reporting

Data collection and reporting of WPV incidents are crucial aspects of preventing and addressing WPV in health care settings. Accurate and comprehensive data helps health care organizations understand the scope and nature of WPV incidents, identify trends and patterns, and develop targeted prevention strategies. Moreover, effective data collection and reporting mechanisms can enhance accountability, promote transparency, and facilitate the implementation of evidence-based interventions. Underreporting of WPV in health care settings is a significant concern that can hinder efforts to prevent and address this issue effectively. Despite being a prevalent problem, many incidents of WPV go unreported due to various reasons such as fear of retaliation, normalization of violence, or lack of awareness about reporting mechanisms.⁴⁻⁵ Underreporting not only obscures the true magnitude of WPV but also hampers the development of targeted interventions and support systems for affected health care workers.

Program Elements	Not Started (0)	In-progress (1)	Complete (2)	Location
The facility has a timely reporting process (such as occurrence reporting) in place to collect information on all incidents of violence, both physical and verbal, within the facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The event documentation system (electronic or paper) is designed to capture sufficient detail about the event to allow for adequate event analysis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The organization has a central place where all reports of violence are collected and data is aggregated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The facility has a uniform violence reporting system and regular review of reports established.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Root-cause analyses are conducted of the risk factors associated with violent incidents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reporting mechanisms compliant with state-mandated reporting programs for abuse victims,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

protective service agencies, and/or OSHA.				
Violence data is shared across the organization regularly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The facility has criteria in place that align with the OSHA Log of Work-Related Injuries and Illnesses (OSHA Form 300) that determine when a WPV incident should be reported.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The facility has incorporated the IAHSS WPV incident categories and framework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sum (add the total for each column)				

Now that you have completed this section, combine the sum of each column to get your Data Collection and Reporting total score. Your total score can be listed below and/or added to [Table 1](#).

Data Collection and Reporting Total Score: _____/18

Recommendations/Best Practices

Below are additional resources to assist with improving or updating the assessed elements and identified gaps from Section 6 – Data Collection and Reporting.

- [OSHA Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers](#)
- [OSHA Injury and Illness Recordkeeping Forms](#)
- [IAHSS WPV Incident Category List](#)
- [IAHSS WPV Incident Framework](#)
- [Violence Against People in Hospitals White Paper – International Hospital Federation](#)
- [Reporting Incidents of WPV Issue Brief - American Nurses Association](#)

Trauma Supports

Trauma support is an essential component of WPV prevention in health care settings and for the retention of staff. Health care workers who experience WPV may suffer physical injuries, psychological trauma, and emotional distress. Access to adequate trauma support services, such as counseling and mental health resources, can help mitigate the impacts of WPV and ensure a safe work environment for health care workers. These services can help mitigate the negative impacts of trauma, reduce the risk of post-traumatic stress disorder (PTSD), and support the overall well-being of health care workers.

Program Elements	Not Started (0)	In-progress (1)	Complete (2)	Location
Policies and procedures are in place for staff for obtaining medical care, trauma-informed care, counseling, worker’s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

compensation, or legal assistance after a violent episode or injury.				
A process is in place to conduct a post-event huddle with affected staff as soon as possible after any violent event as defined by policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A process is in place to follow up on any issues raised in huddles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Leaders have protocols or checklists in place that ensure staff are assessed and treated appropriately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Policies and procedures are in place that support patients and visitors who are victims of WPV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
An accountable leader has been identified to lead and measure well-being efforts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The program has identified how your organization’s clinical and non-clinical teams (and their families) can access behavioral health treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Community support or trauma resources are available to staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mental health and wellness are designated as being on a continuum with a WPV incident throughout the facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sum (add the total for each column)				

Now that you have completed this section, combine the sum of each column from each table to get your Facility Supports total score. Your total score can be listed below and/or added to [Table 1](#).

Facility Supports Total Score: _____/18

Recommendations/Best Practices

Below are additional resources to assist with improving or updating the assessed elements and identified gaps from Section 7 – Trauma Supports.

- [Caring for the Caregiver: Supporting a Healthy and Resilient Workforce](#)
- [Nurse Staffing Think Tank: Priority Topics and Recommendations](#)
- [Mental Health Continuum Model](#)
- [AHA Well-Being Playbook 2.0](#)
- [National Academies of Medicine Clinician Healthcare Worker Well-Being Resource Compendium](#)
- [Cost of community violence to hospitals and health systems](#)

Table 1. WPV Prevention Total Scores

WPV Section	<i>Actual Score</i>	<i>Max Score</i>
Regulatory Requirements and Standards Total Score		56
Culture Total Score		22
Prevention and Safety Total Score		44
Training and Education Total Score		30
Security Infrastructure Total Score		26
Data Collection and Reporting Total Score		18
Trauma Supports Total Score		18
<i>WPV Prevention Total Score</i>		214

Appendix C: Improvement Plan

Review and discuss the WPV topics that had the lowest scores or most identified gaps. Then, summarize the overall findings in the table below to create an improvement plan.

WPV Element	Corrective Action	Person Responsible	Timeline (Start/Finish)	Completion Date

Appendix D: Incident Review Form

Incident Number:				Review Date:			
Category (check all that apply)				Incident Date		Incident Time	
Threat	<input type="checkbox"/>	Simple Assault	<input type="checkbox"/>				
Sexual Assault	<input type="checkbox"/>	Abduction	<input type="checkbox"/>	Incident Location			
Murder	<input type="checkbox"/>	Disorderly Conduct	<input type="checkbox"/>				
Robbery	<input type="checkbox"/>	Hostage Situation	<input type="checkbox"/>				
Self-Harm	<input type="checkbox"/>	Suspicious Death	<input type="checkbox"/>				
Other (describe):							
Perpetrator Typology (check all that apply)				Injury Severity (circle one)			
No association with workplace or staff		<input type="checkbox"/>		a) None. b) Minor – Injuries require basic medical aid without hospitalization. c) Moderate – Injuries require a greater degree of medical care, including hospitalization, but are not expected to progress to life threatening. d) Severe – Injuries pose an immediate threat to life. e) Death – Instantaneously killed or mortally wounded.			
Patient or visitor		<input type="checkbox"/>					
Current or former staff		<input type="checkbox"/>					
Personal relationship with staff		<input type="checkbox"/>					
Violence directed at facility due to ideological, religious, or political reasons		<input type="checkbox"/>					
Other (describe)							
Was behavioral control attempted? (circle all that apply)				Was a patient hurt?		Yes	No
a) De-escalation		<input type="checkbox"/>		Injury Severity (circle one) a) None. b) Minor – Injuries require basic medical aid without hospitalization. c) Moderate – Injuries require a greater degree of medical care, including hospitalization, but are not expected to progress to life threatening. d) Severe – Injuries pose an immediate threat to life. e) Death – Instantaneously killed or mortally wounded.			
b) Empty hand control		<input type="checkbox"/>					
c) Restraints		<input type="checkbox"/>					
d) A sitter		<input type="checkbox"/>					
e) Additional medical staff		<input type="checkbox"/>					
f) Security staff		<input type="checkbox"/>					
g) Other (describe)							
Was the incident witnessed?		Yes	No	Was a weapon used?		Yes	No
If so, by whom?				Was law enforcement notified?		Yes	No
Additional Comments:							
Event Summary and Assessment:							
Follow-up Steps:		Personnel Responsible:			Date Completed:		

Review completed, no further action, workplace violence event closed.	Signed:	Date:
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